

## **Application Data Sheet**

### **Application Information**

Application number::	09/723,544
Filing Date::	11/28/00
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE
Attorney Docket Number::	15270J-004762US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	18
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name:: B.  
Family Name:: Schenk  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1542 Los Altos Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Frederique  
Middle Name::  
Family Name:: Bard  
Name Suffix::  
City of Residence:: Pacifica  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1111 Park Pacifica Avenue  
City of Mailing Address:: Pacifica  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94044

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Theodore  
Middle Name::  
Family Name:: Yednock  
Name Suffix::  
City of Residence:: Forest Knolls  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 184 Arroyo Road  
City of Mailing Address:: Forest Knolls  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94933

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

Representative Designation::	Representative Number::	Representative Name::
Primary	Nina M. Ashton	37,273
Primary	Jean M. Duvall	32,731

Primary

Lisabeth F. Murphy

31,547

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/580,018	05/26/00
09/580,018	Continuation-in-part of	09/322,289	05/28/99
09/322,289	Continuation-in-part of	09/201,430	11/30/98
09/201,430	Non-Provisional of	60/080,970	04/07/98

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::	Neuralab Limited
Street of mailing address::	102 St. James Court
City of mailing address::	Flatts
State or Province of mailing address::	Smiths
Country of mailing address::	Bermuda
Postal or Zip Code of mailing address::	FL 04